

WAIVER

I know that participating in the A-T Children's Projects marathons, half marathons, 5Ks, 10Ks, triathlons, hikes, walks, mini marathons and related events (collectively, the "Events") is a potentially hazardous activity. I agree not to enter, train, and/or participate unless I am medically able and properly trained. I agree to abide by any decision of an Event official relative to my ability to safely complete the Events. I am voluntarily entering and training and assume all risks associated with participating in and training for the Events, including, but not limited to, falls, spills, contact with vehicles, other participants, spectators or others, the effect of the weather, including heat and/or humidity, or cold, traffic and the conditions of the course or other areas of the Events, including congestion, all such risks being known and appreciated by me.

The A-T Children's Project requires that you consult with your physician before following any training and/or participating in any Events. The A-T Children's Project is not a licensed medical care provider, and has no expertise in diagnosing, examining, or treating medical conditions or in determining the effect of any specific exercise on a medical condition, are not responsible for any health problems that may result from training programs, are not responsible for the accuracy, reliability, effectiveness, or correct use of information, are not in any way intended as a substitute for medical counseling. The A-T Children's Project training programs are not prescription systems and are not intended to be a substitute for professional medical advice, diagnosis, or treatment. You should never disregard medical advice or delay in seeking it because of something you have read in the A-T Children's Project Training Program. PLEASE NOTE: Not all exercises are suitable for everyone. If you ever feel discomfort or pain, do not continue.

I understand the description of these risks is not complete, and unknown or unanticipated risks may result in injury, illness and death. Also, I grant to the A-T Children's Project and its designee access to my medical records and physicians, as well as other information, relating to medical care that may be administered to me as a result of my participating and/or training in the Events.

Having read this Waiver and knowing these facts, and in consideration of your acceptance of this application, I, for myself and anyone else entitled to act on my behalf, do hereby waive, release and indemnify the Ataxia Telangiectasia Children's Project, Inc. (AKA A-T Children's Project) and all Sponsors of the Events, and each of their respective officers, directors, members, agents, employees, volunteers and other representatives, from all present and future claims and liabilities of any kind, known or unknown, arising out of my training and/or participating in the Events, including damages arising out of or relating in any way to the A-T Children's Project's website, coaching services, or emails, even though any such claim or liability may arise out of ordinary negligence or fault on the part of any of the foregoing persons or entities. In addition, I grant my permission to all of the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in the Events for any legitimate purpose without remuneration.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I have read this release of liability and assumption of risk agreement, I fully understand its terms, and I understand that I have given up legal rights by agreeing to it, and I agree to it freely and voluntarily without any inducement.

Date _____ Participant Name (please print) _____

Participant Signature (at least 18 years old)

If Participant is Under 18: Parent or guardian signature